

## ABSTRACT

Population ageing is an inevitable event, but its degree of urgency varies widely. Population ageing strains social insurance and pension systems and challenges existing models of social support. It affects economic growth, trade, migration, disease patterns and prevalence. The improved and up-to date information on population ageing and different aspects, their study and analysis are highly required for the policy makers in formation, evaluation, evaluation goals, development and implementation of programmes for the welfare and the proper utilization of the elderly, improving and generating public awareness and support for necessary policy up-gradation and implementation.

Demographic determinants of population ageing are as follows. Decreasing fertility along with lengthening life expectancy has reshaped the age structure of the population in most regions of the world by shifting relative weight from younger to elderly groups. International migration in reshaping age distribution has been far less important than that of fertility and mortality. Fertility decline is the primary determinant of population ageing. It is observed that (a) more people will survive to older ages and (b) increases in life expectancy are expected to be higher at older ages. The female advantage in life expectancy at birth increased globally over the last 50 years.

The magnitudes of population ageing and its associated information vary widely over the different categories of the attributes like religion, locality of residence, sex, caste etc. Among these attributes, the studying the problem on population ageing over religion is most important because the amount of variation of magnitudes of population ageing over the different categories of religion is highest among those of other attributes, next important attribute is community like Scheduled Castes and Scheduled Tribes in respect of studying the magnitude of population ageing. Per cent of elderly is the lowest in Muslim population among all the per cents of elderly over different categories of religion, locality of residence, sex, caste etc. Moreover, the socio-economic, educational and political statuses of Muslim population are very low compared with those at the national level. Natures and patterns of population ageing and the statuses of elderly among (a) Muslim and non-Muslim population, (b) Scheduled Tribes (ST) and non-Scheduled Tribes and (c) Scheduled Caste (SC) in India and West Bengal have been studied.

Although labour force participation rates are projected to decline from 2000 to 2040 in most countries, due to population ageing, labour-force-to-population ratios will

actually increase in most countries. The increase in labour-force-to-population ratios will further magnified by increases in age-specific rates of female labour force participation associated with fertility declines. Therefore economic growth will continue quickly. Policy responses related to retirement incentives, pension funding methods, investments in health care of the elderly and immigration can further make better the effect of population ageing on economic growth.

The economic aspect of an economy affected by population ageing has two sides (a) increase in the number of the elderly and decline in rate of population growth resulting reduced growth rate in both aggregate demand and investment meaning lower capital formation (macroeconomic phenomenon) and (b) the impact of ageing upon autonomous individuals in the form of economic behaviour over the lifecycle (microeconomic phenomenon). Life Cycle Hypothesis (LCH) provides how individuals' savings depend not only on their current income but also on their anticipated future situations in the old age when their earnings reduce sharply, people save earnings at their younger ages for their use in their old age transferring resources to their old age through savings. Dis-saving occurs in the old age of the elderly. As the number of elderly increases, reduction of aggregate savings is predicted due to dis-savings. The elderly do not only dis-save, but also spends less on consumption goods and services. This microeconomic behaviour of the elderly affects on national production, consumption and capital formation (macroeconomic effect of the ageing).

The present study is mainly to study the population ageing of West Bengal along with its associated aspects like sex ratios of elderly and general population; marital status, life expectancy, age-specific death rate, old-age dependency ratio etc compared to India.

The main objective of the study is to understand and forecast the magnitude and consequences of population ageing in India and West Bengal with special focus on two districts of West Bengal: (a) Malda (one of the Muslim dominated districts) and (b) Jalpaiguri (a district in top position with respect to per cent of Scheduled Tribes (ST)). The objective of the study also includes (a) the study of the magnitude of population ageing in India and West Bengal among Scheduled Castes (SC) population, (b) Indian Constitutional provisions, government programmes and policies for the welfare of elderly in India and West Bengal with special attention to the additional policies and programmes for welfare of elderly in West Bengal and (c) suggestions on ageing.

The research hypotheses tested in the present study are (1) there are significant differences of different social, economy, health conditions and others among the elderly of different genders and localities of residence, (2) per cent of the elderly is (a) highly positively related to total literacy rate, (b) highly negatively related to decadal population growth rate, (3) per cent of the elderly varies over locality of residences, genders, religions etc.

The study involves both primary and secondary sources of data. The sources of secondary data are (a) Indian Census data for the Census years 1961 to 2011, (b) National Sample Survey Organization (NSSO) 60th Round (January – June, 2004), (c) Profiles of Ageing 2017, Population Division, Department of Economic and Social Affairs, United Nations and (d) compiled data on the elderly persons and related areas from the published sources etc. The sources of primary data are selected households (having at least one elderly people in the household) from two districts: Malda and Jalpaiguri of West Bengal.

The present study is unique because of the following grounds:

- (a) Very few studies have been done on population ageing of Muslim population in West Bengal and India. Again to the best of our knowledge, no study on comparison of population ageing between Muslims and non-Muslims has been done.
- (b) Scheduled Tribes and Scheduled Castes are weaker/backward section of society in India. Very few studies have been done on population ageing of ST population in West Bengal and India. Again to the best of our knowledge, no study on comparison of population ageing between ST and non-ST populations has been done.
- (c) Moreover, very limited number of studies on SC population has been done. No study on population ageing among SC population has been done. Obviously, no study on comparison of population ageing between SC and non-SC populations has been done.
- (d) Very few studies have been done on Indian Constitutional provisions and government programmes and policies for the welfare of elderly in India and West Bengal.

Chapters 1 and 2 are “Introduction” and “Review of Literature” respectively.

In Chapter 3, “Population ageing in India and West Bengal” has been studied based on secondary data on India and West Bengal. Per cent of elderly varies widely from

state to state, religion to religion, community to community etc. The states like Kerala, Dadra and Nagar Haveli were with highest (12.55) and lowest (4.04) per cent of elderly respectively. Per cent of elderly of states/union territories having low population size were low. Percentages of children and teenagers in India and all states/union territories were highest in Muslim populations among those in all classifications by locality of residence, religion, caste, sex and are approximately 50 per cent and more; per cent of elderly and sex ratio for elderly were generally least among Muslims followed by ST. There were marked differences in life spans in populations of different religions and caste groups. In West Bengal, rate of reduction of persons aged 0–14 years was higher than that in India. Per cent of persons aged 15–59 years in West Bengal was higher than that in India implying that position of workforce in West Bengal was better than that in India. Rate of growth of elderly in West Bengal over 2001–2011 was higher than that in India. Percentages of elderly of India and West Bengal were 8.6 and 8.5 respectively. Sex ratios for elderly living in rural areas were in general higher than those for elderly living in urban areas. Generally sex ratios of elderly were higher than those of general population with some exceptions like in Darjeeling district.

Three districts of West Bengal, namely, Murshidabad, Malda and Dinajpur (N) were having top most Muslim-majority population. Strongly significant correlations between (a) per cent of elderly and per cent decadal growth rate of elderly in general population (negative) and (b) per cent of elderly and Human Development Index (positive) have been observed. Oldest-old group (aged 80+ years) grew faster than the other elderly age groups, particularly among females both in rural and urban areas of India and West Bengal and having higher sex ratio than other elderly age groups. In West Bengal, per cent of households not having any elderly members in rural areas was higher than that in urban area, but the reverse was in case of national level.

Life expectancy is one of major indicators for increasing population ageing. Life expectancy in India has increased in rural and urban areas. Kerala has got the highest life expectancy at birth followed by Maharashtra and Punjab. Life expectancies at birth and at the age 60 years were higher among females than males in India and West Bengal.

Some of the economic indicators for the elderly are old-age dependency ratio, headship of household, state of economic independence, economically dependence, economically independence by number of dependents, working status etc. The old-age dependency ratio has an increasing trend. The gap between female and male old-age

dependency ratio also has an increasing trend. There has been considerable gap in all the period of that ratio for rural and urban areas, because of a relatively higher concentration of working age population in urban areas. Since elderly females are expected to live more years than elderly males, per cent of elderly female heads is almost twice of that of elderly male heads.

The elderly males were much better off as majority of them did not depend on others for their livelihood. Per cent of elderly not dependent on others were generally (a) higher in rural areas than that in urban areas and (b) remarkably higher among elderly females than that of elderly males. About 70–85 per cent of dependent elderly were supported by their own children. In case of supporting by spouse, 16–19 per cent elderly females were supported by their male spouse, whereas 6–7 per cent of elderly males are supported by their female spouse.

Of the economically independent elderly men, more than 90 per cent reported to be living with one or more dependents, while among economically independent elderly women, about 65 per cent were having one or more dependents. Elderly females were having lesser number of dependents than elderly males in both rural and urban areas. 66.4 per cent of elderly males, 28.4 per cent of elderly females in rural area engaged in economic activity. In urban areas it was only 46.1 per cent of elderly males and 11.3 per cent of elderly females engaged in economic activity.

A remarkable proportion of elderly at the age 60 years, even at the age 80 years remained in working condition. The increase of elderly remained in working condition is one of the determinants for increasing population ageing in India and West Bengal. Literacy levels among elderly of (a) rural and urban areas, (b) males and females have improved tremendously over 2001 to 2011. Literacy rates for elderly in West Bengal were better than those in India. The increase of literacy among elderly is another determinant for increasing population ageing in India and West Bengal. Despite illness higher proportion of elderly men seemed to be feeling better health condition than elderly women. More elderly men and women in urban areas felt to have good/fair health as compared to elderly in rural areas. In both rural and urban areas, elderly men were more mobile than elderly women. About 90 per cent of elderly were still mobile; it is a good indicator for the well-being of the elderly. Prevalence of disabilities was higher in rural areas than that in urban areas. Per cent of currently married elderly women was lower than the per cent of currently married elderly men. Living arrangement of elderly is very

important indicator of social status and well-being. More than 56 per cent of elderly lived with their spouse and 32 per cent of elderly live with their children. About 5 per cent of elderly lived alone and 4 per cent live with other relations and non-relations. An overview of global population ageing has been provided in this chapter.

In Chapter 4, “Nature and pattern of population ageing among Muslims and non-Muslims population in India, West Bengal and Malda district” has been studied based on both secondary data on India, West Bengal and Malda district and primary data from Malda district. According to Census of India, 2011, literacy rate and work participation rate in general population of India were lowest among Muslim population. These are major determinants for the lowest per cent of elderly among Muslim population.

In India, West Bengal and Malda district, comparing Hindu and Muslim populations, (a) per cent of persons in the age group 0-14 years was higher among Muslims than Hindus indicating higher birth rates among Muslims than Hindus, (b) per cent of persons in the age group 15-59 years was lower among Muslims than Hindus indicating lesser work participation among Muslims than Hindus and (c) per cent of persons in the age group 60+ yearly (per cent of elderly) was lower among Muslims than Hindus. These variations between Hindus and Muslims are very prominent in Malda district. Per cent of elderly is higher among Hindus than Muslims in all elderly age groups, particularly in Malda district. This variation between Hindus and Muslims is very prominent in oldest-old age group (80+ years). In India, West Bengal and Malda district, per cent of elderly female was higher than that of male. In India, West Bengal and Malda district (a) sex ratios of elderly and general population of Hindu Community were higher than those of Muslim community and (b) in both Hindu and Muslim communities, (1) sex ratio of elderly was higher than that of general population, (2) sex ratio of general population was less than 1000, (3) sex ratio of elderly mostly is greater than 1000 indicating elderly females live longer than elderly males.

More than 70 per cent households in Malda district did not have any elderly member in the household. In both rural and urban areas, per cent of households without any elderly family member in Malda district was higher than those of India and West Bengal, that is because Malda district is Muslim dominated one and its per cent of elderly is lesser than those of India and West Bengal. Since elderly females are expected to live more years than elderly males, per cent of elderly female heads was almost twice of that of elderly male heads. Per cent of households having elderly head in Malda district was

less than those in India and West Bengal. Work participation among Muslim elderly females was very low compared that among Hindu elderly females in India, West Bengal and Malda district.

Per cent of currently married elderly males was more than twice that of currently married elderly females. Again per cent of currently married elderly males in Malda district was more than those in India and West Bengal, but per cent of currently married elderly females in Malda district was lesser than those in India. Disabilities due to vision and movement were more serious problems for the elderly in both rural and urban areas of Malda district. These disabilities were more acute in Malda district than West Bengal as a whole. Among elderly of Hindu community, literacy level among elderly in West Bengal was much higher than that in India as a whole. But literacy level of elderly belonging to Muslim community in West Bengal was lesser than that in India as a whole. There were significant gaps in the literacy level of elderly in Malda district between (a) rural and urban areas and (b) males and females.

Findings based on primary data from Malda district are as follows. Living arrangements of majority of elderly males were with spouses, sons, daughters and/or others which were very high compared to those for elderly females in all the locality of residences. Per cent of dependent elderly in the households were more in rural (more Muslim) area than that in rural (less Muslim) area. Per cent of working elderly in urban area was less than in both the rural areas.

Elderly of rural (more Muslim) area were more dependent; having less dependants; less being head of household; less involved in day-to-day purchases and other activities etc than those of elderly person of rural (less Muslim) area. Female elderly were mostly to get outside financial supports than male elderly in all localities of residence. Elderly persons in rural (more Muslim) area are in the worst conditions among others in respects of capable of spending money for buying, getting sufficient food and clothes and getting sufficient medicines and health care.

The determinants of social, economic and health conditions of people are age, sex, marital status, locality of residence, working status and possessing movable and immovable assets. Generally females (particularly elderly females) are less favourably treated than males in the society. Elderly females were more depressed than others.

Very least percent of elderly were confined to bed. Elderly females of urban areas were more associated with (a) different activities including cultural of their localities, (b) any religious organizations/associations than elderly males, but the reverse was in case of association with any political activities. Elderly females (particularly elderly females in rural (more Muslim)) area was less associated in political activities than elderly males. Elderly females (particularly elderly females in rural (more Muslim)) were less associated in cultural activities, religious organizations/associations than elderly males except elderly females in urban areas.

Attempts have been made to formulate some binary logistic regression equations of vital attributes for securities of elderly persons (a) health status; (b) being head of household; (c) involvement in day-to-day purchase of the household, big purchase like land, house, car etc of the household, decision-making of the family and (d) feeling depressed of the elderly persons on the basis of the survey data on the elderly of the sampled households of Malda district. Factor analysis coupled with Reliability analysis has been done to assess life satisfaction of the elderly of Malda district with help of surveyed data.

In Chapter 5, “Nature and pattern of population ageing among scheduled tribes (ST) and non-scheduled tribes population in India, West Bengal and Jalpaiguri district” has been studied based on secondary data on India, West Bengal and Jalpaiguri district and primary data from Jalpaiguri district. Per cent literacy rate and per cent work participation of ST population of all ages in India were 49.5 and 45.4 respectively. Per cent of elderly persons of oldest-old age group among non-ST population of India and West Bengal and Jalpaiguri district were around 1.0, but those among ST population were around 0.5. In India and West Bengal (a) sex ratios of elderly persons and general population of ST population were higher than those of non-ST community and (b) in both ST and non-ST populations, (1) sex ratio of elderly persons was higher than that of general population, (2) sex ratio of general population was less than 1000 and (3) sex ratio of elderly persons mostly was greater than 1000. In case of Jalpaiguri district, most of sex ratios for elderly persons and general population were lesser than 1000 and sex ratio of elderly population of ST population were lesser than those for non-ST population. The number of females proportions of females in all ages and elderly age-groups among ST population were higher than those among non-ST population, with exceptions that reverse situation hold for elderly age groups among ST population in Jalpaiguri.



Occurrence of ageing in Jalpaiguri district was lesser than that in India and West Bengal, but higher than that in Malda district. Since elderly females were expected to live more years than elderly males, percentages of elderly female heads were almost twice of that of elderly male heads in both rural and urban areas of India, West Bengal, Jalpaiguri district respectively. In case of ST population, per cent of elderly working was least in Jalpaiguri district compared to India and West Bengal; but in case of non-ST population, per cent of elderly working was least in West Bengal compared to India and Jalpaiguri district. Percentages of elderly working among non-ST population were lesser than those among ST population, but the reverse were in case of Jalpaiguri district.

In case of ST population, per cent of currently married elderly was least in Jalpaiguri district; but in case of Non-ST population, per cent of currently married elderly was homogeneous in India, West Bengal and Jalpaiguri district. In both ST and Non-ST populations, per cent of currently married elderly male was almost twice that of currently married elderly females. Percentages of currently married elderly among non-ST population were higher than those among ST population in India, West Bengal and Jalpaiguri district. Percentages of currently married elderly among both ST and non-ST populations of Jalpaiguri were lesser than those in India, West Bengal and Malda district. Disabilities were highest in case of ST population of Jalpaiguri district among all other populations in India, West Bengal and Jalpaiguri district.

Among elderly of non-ST population in 2011, literacy level among elderly in West Bengal was much higher than that in India and Jalpaiguri district. But literacy level of elderly belonging to ST population in 2011 in India, West Bengal and Jalpaiguri district were almost equal, but there were remarkable variations of literacy level of elderly belonging to non-ST population in 2011 in India, West Bengal and Jalpaiguri district. In urban, rural (less ST) and rural (more ST) of Jalpaiguri district, per cent of living arrangement of elderly females without spouse, but with sons, daughters and others were higher than those of elderly males. Per cent of dependent elderly in the households were more in rural (more ST) area than that in urban and rural (less ST) areas. Therefore, economic condition of elderly in rural (more ST) was very low compared to elderly in urban and rural (less ST) areas.

Per cent of working elderly in urban area was less than in both the rural areas. Per cent of elderly females being dependent on others was more than elderly males in urban and rural (less ST) areas, but in this context, percentages of elderly females and males in

rural (more ST) were almost equal. Percentages of elderly females being head of household in all the localities of residence were lesser than those of elderly males. Per cent of elderly females being involved in day-to-day purchases was lesser than elderly males in urban and rural (less ST) areas, but in this context, percentages of elderly females and males in rural (more ST) were almost equal. Elderly of rural (more ST) areas were more dependent; having less dependants etc than those of elderly of rural (less ST) areas. In Jalpaiguri district, per cent of elderly in rural (more ST) area was very high compared to those in urban and rural (less ST) areas.

Per cent of elderly females to get outside financial supports was higher than that of elderly males in all localities of residence. About 80 per cent of elderly in Jalpaiguri district were mobile. Per cent of elderly associated with cultural, religious and political activities were least among elderly in rural (more ST) area of Jalpaiguri district. Like the study in Malda district, attempts have been made to formulate some binary logistic regression equations of vital attributes for securities of elderly persons (a) health status; (b) being head of household etc on the basis of the survey data on the elderly of the sampled households of Jalpaiguri district. Factor analysis coupled with Reliability analysis has been done to assess life satisfaction of the elderly persons of Jalpaiguri district with help of surveyed data.

In Chapter 6, "Population ageing in India and West Bengal among Scheduled Castes (SC) population" has been assessed based on secondary data relating to population. Sex ratios of elderly among SC population in West Bengal were generally higher than those in India meaning that more elderly females are living in West Bengal than India. Per cent of working elderly among SC population is lesser than that among ST population in India and West Bengal. Per cent of working elderly among SC population in West Bengal was very low compared to that in India. Per cent of working female elderly among SC population was 7.7 whereas that figure in Indian context was 28.5. Among elders belonging to SC population, about 60, 80 and 40 per cent person, male and females respectively are currently married in India and West Bengal and that figure was higher than elders among ST population in India and West Bengal.

Regarding disabilities of elderly among SC population both in India and West Bengal, vision and movement disabilities were major problems for them. Prevalence of disabilities of elderly among SC population was almost similar to elderly among ST population both in India and West Bengal. Literacy rate of elderly among SC population

in West Bengal was better than that in India. Literacy rate among elderly females of SC population was very low compared to that of elderly males which is common in all cases. There is a tremendous improvement of literacy rate among elderly of SC population in India and West Bengal. For India and West Bengal, literacy rate of elderly among SC population was better than that of elderly among ST population. Therefore, in both India and West Bengal, elderly among SC population were in a better position compared to ST population.

In Chapter 7, “Constitutional provisions, Government programmes and policies for the social security of elderly in India and West Bengal” has been studied. Three key human rights principles are fundamental to guaranteeing the right of social security: (a) comprehensiveness, (b) flexibility and (c) non-discrimination. The Ministry of Social Justice and Empowerment is the nodal Ministry for the welfare of elderly. The Ageing Division in the Social Defence Bureau of the Department of Social Justice and Empowerment develops and implements policies and programmes for the elderly in close collaboration with state governments, NGOs and civil society. Some of the national policies for elderly are (a) National Policy on Older Persons, (b) Old Age Social and Income Security, (c) National Old Age Pension Scheme, (d) National Family Benefit Scheme etc. Some of the privileges and benefits provided to the elderly are (a) bank loans for pensioners and family pensioners, (b) income tax rebate, (c) deduction in respect to medical insurance premium, medical treatment, (d) concessions on travelling by road, train, air etc and (e) Pension and Family Pension with Dearness Relief, Gratuity, Leave Encashment along with enhanced Pension etc. The chapter also discussed pension system in India including micro pensions and the Atal Pension Yojana, professional services to the elderly.

Some of the highlighted additional policies and programmes for welfare of elderly in West Bengal are (a) housing schemes for BPL category, (b) Project Pranam, a 24-hour helpline to provide safety, security and medical assistances to senior citizens living alone, (c) provision for pensions for the needy and elderly folk artistes through a project Lokprasar Prakalpo, (d) e-pension to provide e-governance to the pensioners of recognized non-Government aided educational institutions, Panchayat, Municipality etc. This chapter has highlighted the job opportunities for services related to elderly in homes, old age homes, hospitals etc. It has also mentioned different professional courses relating to the services of the elderly.

A large section of elderly suffering cruelty at the hands of friends or strangers does not get any reprieve. Elderly continue to suffer mental and physical abuse from their children or kin.

Following conclusions emerge from the study:

- (1) The rate of ageing in Hindu population is more than that in Muslim. The rate of ageing in Non-ST population is higher than that in ST. The rate of increase of ageing in case of Indian SC population is lesser than SC population of West Bengal.
- (2) Per cent of elderly varies widely among communities, religions, localities, sex etc. The link between ageing and development is wide ranging. Ageing is a 'triumph of civilization' and it is an important determinant of economic development. Information on how castes, religion and other factors affect the wellbeing of elderly in India is very limited. Population ageing is less advanced among SC and ST and Muslims than that the population as a whole.
- (3) Sex ratios of elderly are generally higher than those of all ages except in cases of ST of Jalpaiguri district and Muslims of Malda district. Sex ratios of elderly persons are generally low and lesser than 1000 in cases of Muslims and ST populations.
- (4) Percentages of households with at least one elderly member in the households in urban areas are higher than those in rural areas of West Bengal, Malda and Jalpaiguri districts.
- (5) Remarkable per cent of elderly, particularly elderly males are in working conditions. Percentages of working elderly males and females in rural areas are greater than those in urban areas. Percentages of working elderly males are remarkably greater than those of working elderly females. Per cent of working elderly persons belonging to Hindu community is higher than that belonging to Muslim community in India, but the reverse is in West Bengal. Percentages of working elderly belonging to ST communities are higher than that belonging to non-ST community in India and West Bengal, but the reverse is in Jalpaiguri. Per cent of working elderly in India is higher than that in West Bengal among SC community.
- (6) Regarding literacy level of the elderly persons in India and West Bengal, there are huge gaps in literacy rates between (a) rural and urban, (b) male and female, (c) Hindu and Muslim, (d) ST and Non-ST and (e) India and West Bengal.
- (7) Life expectancies at birth in West Bengal are higher than those in India for both males and females and these are 70 years in 2011-2015.

- (8) Age-specific death rate among elderly of West Bengal is less than that in India.
- (9) Old-age dependency ratio of West Bengal is less than that in India, except urban area. There is an increasing trend of old-age dependency ratio.

Following suggestions are made:

- (1) Capable and willing elderly must be provided the scopes to be engaged in work, to earn and contribute to their families through their productive activities by (a) extending retirement age, (b) providing contractual/ casual works etc. In case, employer and nation will be beneficial by utilizing experienced and knowledgeable manpower and enlarging manpower. Family members may provide supports to the elderly in this respect. Nation, society and elderly themselves must be motivated to increase active ageing, then the nation, society and elderly themselves would be beneficial economically, physically and mentally and also in increasing labour force.
- (2) Capable and willing elderly may be provided scopes to run self-entrepreneurships through micro-financing.
- (3) Elderly, who are not engaged through productive activities outside or inside home, may try to be engaged by other activities by associated with (a) local elderly members, (b) religious activities, (c) social organizations etc.
- (4) Family members may be encouraged to co-reside with their elderly members by proper adjustment peacefully. Co-residence of elderly in the household may reduce the chance of illness, morbidity, unhappiness of the elderly; as a whole it would increase the chance of well-being of the elderly.
- (5) Regular low cost or free health checkup for the elderly should be arranged by setting health services nearer to the elderly premises. Mobile dispensaries may be introduced. Medicines at subsidized rate may be provided to the poor elderly.
- (6) Artificial limbs may be provided to the needy elderly free of cost or at a low cost.
- (7) Government may take initiatives with corporate to provide medical and health care arrangements to the elderly under public private partnerships (PPPs).
- (8) There is an acute need for building old age homes in view of continued increased in their numbers. Apart from government initiatives, NGOs and corporate may extend helping hands by setting up old age homes under their public private partnerships and corporate social responsibility (CSR) initiatives.
- (9) There are several socio-economic gaps between Muslim and non-Muslim elderly. As change agents for reducing these gaps by improving socio-economic status of Muslim elderly, individuals and organizations need to come out with programmes and new initiatives that will cater to the development of Muslim community to mobilize and build awareness on their rights, welfare programmes and schemes. Same suggestions are applicable in case of ST and SC elderly.